EXAM TITLE:          EXAM #:  

Number of Questions (please include omitted questions)  

Number of Answer Keys (maximum 2)  

Number of All Credit Items (list each by number ______, ______, ______,)  

Yes/No  Is there a Weight Sheet?  

Number of Test Forms  

Number of Subtests (maximum 20)  

Yes/No  Request electronic file to Import Grades into Blackboard  
E-mail: ________________________________  

Yes/No  Is Subclass Scoring to be Done? e.g. Medical vs. Grad  
Please list Combinations _________________________  

Yes/No  Is there a Minimum Passing Score? _________%  

Number of Student Scantrons  

==================================================================================  

Special Request ______________________________________________________________  

Authorizing Signature _________________________________________________________  

Instructor ______________________________ Dept. Name __________________________  

Account Number________________________ Date _____________ Phone _____________  

Mail Stop Code______________    Contact Name________________ Fax______________  

FOR TESTING CENTER USE ONLY  

Filename ______________________________ Total ____________ Date _______________  

Rerun (1) __________ Changes #_________, #_________, #_________, #_________  

Rerun (2) __________ Changes #_________, #_________, #_________, #_________  

Rerun (3) __________ Changes #_________, #_________, #_________, #_________  

Rev. 07/12